

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						*
2	/						IND.
3	/						DEP.
4	/						*
5	/						IND.
6	/						DEP.
7	/						*
8	/						IND.
9	/						DEP.
10	/						*
11	/						IND.
12	/						DEP.
13	/						*
14	/						IND.
15	/						DEP.
16	/						*
17	/						IND.
18	/						DEP.
19	/						*
20	/						IND.
21	/						DEP.
22	/						*
23	/						IND.
24	/						DEP.
25	/						*
26	/						IND.
27	/						DEP.
28	/						*
29	/						IND.
30	/						DEP.
31	/						*
32	/						IND.
33	/						DEP.
34	/						*
35	/						IND.
36	/						DEP.
37	/						*
38	/						IND.
39	/						DEP.
40	/						*
41	/						IND.
42	/						DEP.
43	/						*
44	/						IND.
45	/						DEP.
46	/						*
47	/						IND.
48	/						DEP.
49	/						*
50	/						IND.
51	/						DEP.
52	/						*
53	/						IND.
54	/						DEP.
55	/						*
56	/						IND.
57	/						DEP.
58	/						*
59	/						IND.
60	/						DEP.
61	/						*
62	/						IND.
63	/						DEP.
64	/						*
65	/						IND.
66	/						DEP.
67	/						*
68	/						IND.
69	/						DEP.
70	/						*
71	/						IND.
72	/						DEP.
73	/						*
74	/						IND.
75	/						DEP.
76	/						*
77	/						IND.
78	/						DEP.
79	/						*
80	/						IND.
81	/						DEP.
82	/						*
83	/						IND.
84	/						DEP.
85	/						*
86	/						IND.
87	/						DEP.
88	/						*
89	/						IND.
90	/						DEP.
91	/						*
92	/						IND.
93	/						DEP.
94	/						*
95	/						IND.
96	/						DEP.
97	/						*
98	/						IND.
99	/						DEP.
100	/						*
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS